



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUL 20 2012

*Please read instructions before completing this form.

Type of Statement		Voter Registration	
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.	ELECTORAL BOARD	
		Date Changes Took Effect <u>8/7/11/12</u>	SBE-issued Committee ID _____
Committee Information			
Committee Information	<u>Friends For Feld</u> Name of Candidate Campaign Committee		
	<u>PO Box 306</u> Street Address/PO Box		
	Suite # _____		
	<u>Alexandria, VA</u> City		
	State _____		
	Zip Code _____		
<u>Melissa.feld@gmail.com</u> Email Address		<u>703-299-0477</u> Daytime Phone #	
<u>n/a</u> Campaign Website			
Candidate Information			
Candidate Information	<u>Feld, Melissa Diane</u> Salutation Last Name First Name Middle Name Suffix		
	<u>3303 Russell Road</u> Residence Address		
	Apt # _____		
	<u>Alexandria, VA</u> City		
	State _____		
	Zip Code _____		
	<u>757 644156</u> County or City of Residence Voter Identification #		
<u>Melissa.feld@gmail.com</u> Email Address		<u>202-725-8586</u> Daytime Phone #	
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
Election Information			
Election Information	<u>City Council At-Large</u> Office Sought		
	District (if one) _____		
	<u>Democratic Party</u> Political Party		
<u>2012</u> Year of Election		<input type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election	



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Treasurer Information			
Treasurer Information	Garcia Andersen Natasha Tonya		
	Salutation	Last Name	First Name
	Middle Name		
	Suffix		
	119 E. Maple St.		
	Residence Address		
	Apt #		
Alexandria VA 22301			
City			
State			
Zip Code			
22301			
County or City of Residence			
Voter Identification #			
natasha.andersen@gmail.com 571-527-7116			
Email Address			
Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
Campaign Depository			
Virginia Commerce Bank			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)	
Alexandria, VA		Na	
City		City	
State		State	
Committee Activity			
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")		
	Date first contribution accepted: 03/14/12		
	Date first expenditure made: 03/26/12		
	Date campaign depository designated: 03/14/12		
	Date filing fee paid for party nomination: 03/14/12		
	Date Statement of Qualification filed: 03/14/12		
	Date treasurer appointed: 03/14/12		

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Signature</p> </div> <div style="text-align: center;"> <p>07/11/12</p> <p>Date</p> </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Candidate's Signature</p> </div> <div style="text-align: center;"> <p>07/11/12</p> <p>Date</p> </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>07/11/12</p> <p>Date</p> </div> </div>